

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5132	2. Fiscal Year Covered From: 01 / 01 / 2003 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Harry Boot P.O. Box, Bldg., Room No., if any Street 28-10 Astoria Boulevard City Astoria State New York ZIP Code + 4 11102	4. Name, file number, and address of labor organization. Name Local 81102, Communication Workers of America Labor Organization File Number 052-241 P.O. Box, Building and Room Number, if any Street 28-10 Astoria Boulevard City Long Island City State New York ZIP Code + 4 11102
5. Position in labor organization. Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

Mary Grob

On

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

NameBank of New York

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

StreetOne Wall Street

CityNew York

StateNew York ZIP Code + 410286

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

NameUnited Funds American Express Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street1910 Albemarle Drive

CityNashville

StateTennessee ZIP Code + 437210

11.a. Nature of such dealing.

Business provides investment management services to the trust.

11.b. Approximate dollar value of such dealing. \$59,032.96

12.a. Nature of interest held or income received.

February 2004 - 4th Annual Dinner hosted by the Bank of New York.

12.b. Amount. \$35.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **Harry Boot**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **United Furniture Hardware Company, Inc.**
Trade Name, if any: **UNITED**
P.O. Box, Bldg., Room No., if any **1001**
Street **1910 Air Lane Drive**
City **Nashville**
State **Tennessee** ZIP Code + 4 **37210**

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **United Furniture Hardware Company, Inc.**
Trade Name, if any: **UNITED**
P.O. Box, Bldg., Room No., if any **1001**
Street **1910 Air Lane Drive**
City **Nashville**
State **Tennessee** ZIP Code + 4 **37210**

11.a. Nature of such dealing.

Reimbursement of conference related expenses.

11.b. Approximate dollar value of such dealing.

NONE

12.a. Nature of interest held or income received.

Reimbursement of travel, hotel, meals and related expenses incurred to attend Board of Tennessee meetings in February 2002 and June 2004, and Finance Committee meetings in April and September 2002.

12.b. Amount

11,622.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Nashville**
Trade Name, if any: **UNITED**
P.O. Box, Bldg., Room No., if any **1001**
Street **1910 Air Lane Drive**
City **Nashville**
State **Tennessee** ZIP Code + 4 **37210**

14.a. Nature of payment.

13.b. Is the Business an Employer ☒ or Consultant ☒ ?

14.b. Amount of payment.

Name of Person Filing **Harry Boot**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **United Brotherhood of Carpenters and Joiners of America**
Trade Name, if any: **None**
P.O. Box, Bldg., Room No., if any **None**
Street **1910 1/2 1st Avenue North**
City **Nashville**
State **Tennessee** ZIP Code + 4 **37210**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **United Brotherhood of Carpenters and Joiners of America**
Trade Name, if any: **None**
P.O. Box, Bldg., Room No., if any **None**
Street **1910 1/2 1st Avenue North**
City **Nashville**
State **Tennessee** ZIP Code + 4 **37210**

11.a. Nature of such dealing.

Reimbursement of trustee related expenses

11.b. Approximate dollar value of such dealing.

NONE

12.a. Nature of interest held or income received.

Reimbursement of travel, hotel, meals and other expenses incurred in attendance of trustees meetings in February 2004 and June 2004.

12.b. Amount.

1,222.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **None**
Trade Name, if any: **None**
P.O. Box, Bldg., Room No., if any **None**
Street **None**
City **None**
State **None** ZIP Code + 4 **None**

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

None